

**Rockville Swim and Fitness Center
355 Martins Lane
Rockville, MD 20850
(240) 314-8750**

APPLICATION FOR SWIM AND FITNESS CENTER ADVISORY COMMITTEE

Name_____

Address_____

City, State, Zip_____

Phone_____

Email Address: _____

Occupation_____

Are you a member? Yes_____ No_____

In what activities do you participate at the Swim Center (eg. lessons, lap swimming, etc.)__

List any special activities or hobbies_____

What experience do you have which may prove valuable to this committee?_____

Additional Comments:_____

APPLICATIONS MUST BE RETURNED TO THE SWIM CENTER BY 12/31/12.